



What Are You Waiting For?!!

Sign Up for Direct Deposit Today

Advantages with EDEN Direct Deposit:

- 1) Rent payments will be posted to your bank account on the first banking day of the month.
- 2) No more lost checks and fees to have them reissued.
- 3) Make a public declaration that you are going green.

Sign up today! Complete the enclosed form and return it to EDEN with a voided check.

Forms can be:

Emailed to landlordinfo@edencle.org
Faxed to 216-651-4066
Mailed to EDEN, Inc., 7812 Madison Ave, Cleveland OH 44102

We would like all of our landlords to participate in the Direct Deposit program in order to better serve you. For those landlords that will still require paper checks, EDEN has no choice but to implement a fee schedule for replacement checks:

Check Reissue Fee \$5.00 per check
Stop Payment Fee \$35.00 per check

Questions? Contact EDEN at landlordinfo@edencle.org or 216-961-9690 x319.

HOUSING RESOURCE & DEVELOPMENT AGENCY
7812 Madison Avenue, Cleveland, OH 44102 (216)961-9690 FAX (216)651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSIT (ACH CREDITS)**

COMPANY NAME: **EDEN, Inc.**

I (we) hereby authorize **EDEN, Inc.**, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** or **Savings account** (select one) indicated below and the depository name below, hereafter called BANK, to credit and/or debit the same to such account.

Bank Name:	_____	Branch:	_____
City:	_____	State:	_____ Zip: _____
TRANSIT ABA#	_____	ACCOUNT #	_____
	(Routing Number)		

This authority is to remain in full force and effect until **EDEN, Inc.**, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____
(Please print name as it current is on checks from EDEN, Inc.)

SSN: ____ - ____ - ____ Or EIN: ____ - ____ - ____
(Please use the same number you put on the W-9 on file with EDEN, Inc.)

Date: _____ Signed: _____

Date: _____ Signed: _____
(On a joint account, both parties must sign)

Email address: _____
(Optional)

IMPORTANT: please be sure to include a voided check with this form. (We cannot process without this.)

Received at EDEN	_____	Initials	_____	Does # match?	Y	N
Vendor Code		Entered		Initials		